

# EXHIBIT

11

**NFL****CONCUSSION SETTLEMENT**IN RE: NATIONAL FOOTBALL LEAGUE PLAYERS' CONCUSSION INJURY LITIGATION  
No. 2:12-md-02323 (E.D. Pa.)**NOTICE OF AUDIT OF CLAIM****DATE OF NOTICE: August 29, 2018****RESPONSE DATE: September 28, 2018****I. SETTLEMENT CLASS MEMBER INFORMATION**

<b>Settlement Program ID</b>	900003916		
<b>Name:</b>	First	M.I.	Last
<b>Settlement Class Member Type</b>	Retired NFL Football Player		
<b>Lawyer</b>	X1Law, PA		

**II. EXPLANATION AND REQUEST FOR INFORMATION**

This Notice is an official communication from the Claims Administrator for the NFL Concussion Settlement Program. The claim you submitted has been put in Audit under Section 10.3 of the Settlement Agreement and the Rules Governing the Audit of Claims to determine whether there has been a misrepresentation, omission or concealment of a material fact in connection with the claim. You should read the Audit Rules on the Settlement Program website, [www.NFLConcussionSettlement.com](http://www.NFLConcussionSettlement.com), to see how the Audit process works.

**Effect on This Claim:** Under Audit Rule 8, all deadlines under the Settlement Agreement for processing the claim you submitted are suspended until we finish the Audit. If we already have issued an award notice on this claim, the appeal process is stayed and all rights to appeal are preserved. After the Audit, we will issue a new determination notice or will resume any appeal from where it left off, unless this claim is closed by the Audit.

**Withdrawing This Claim:** You may withdraw this claim at any time just by telling us that is what you would like to do. Withdrawing a claim is not considered any sort of admission of a misrepresentation or omission. Under Audit Rule 13, an audit investigation may continue after withdrawal of a claim if necessary to prevent practices or sources of misrepresented or fraudulent claims.

**Moving a Claim Forward:** If you withdraw your pending claim you may be able to submit a new claim. If you are eligible for the Baseline Assessment Program, you can get a free BAP exam. You also can see a Qualified MAF Physician for an exam. If you receive a Qualifying Diagnosis in the BAP or from a Qualified MAF Physician, you can submit a new Monetary Award Claim. The Qualifying Diagnosis may be based on a date earlier than the date of the BAP or MAF exam, according to the diagnosing physician's sound medical judgment based on reliable medical information. Go to the Settlement website to get more information on making a BAP appointment or seeing a Qualified MAF Physician.

**Preserving Information and Records:** Under Audit Rule 9, you must preserve all information and records relating to your claim.

**What You Need to Provide Now for the Audit:** If you do not withdraw your pending claim, we need the following things from you by the Response Date shown at the top of this Notice so we can do the Audit review:

4.	<b>Employer:</b>				
	<b>Position:</b>		<b>Dates of Employment:</b>		
	<b>Address:</b>	Street			
		City	State	Zip Code	Phone
<b>Duties:</b>					

### III. HOW TO SUBMIT THIS FORM

You can use your NFL Settlement Portal to submit this Form. If you do not use the Portal, submit your Form in one of the following ways:

<b>By Mail:</b>	NFL Concussion Settlement Claims Administrator P.O. Box 25369 Richmond, VA 23260
<b>By Overnight Delivery:</b>	NFL Concussion Settlement c/o BrownGreer PLC 250 Rocketts Way Richmond, VA 23231
<b>By Hand Delivery:</b>	NFL Concussion Settlement c/o BrownGreer PLC 250 Rocketts Way Richmond, VA 23231



**NFL****CONCUSSION SETTLEMENT**IN RE: NATIONAL FOOTBALL LEAGUE PLAYERS' CONCUSSION INJURY LITIGATION  
No. 2:12-md-02323 (E.D. Pa.)**EMPLOYMENT HISTORY FORM****I. RETIRED NFL FOOTBALL PLAYER INFORMATION**

<b>Settlement Program ID</b>	900003916			
<b>Player Name</b>	First	M.I.	Last	Suffix

**II. PAST AND CURRENT EMPLOYERS**

Provide the following information for all employers of the Retired NFL Football Player in the last five years. If you need more space, attach supplemental pages.

1.	<b>Employer:</b>				
	<b>Position:</b>		<b>Dates of Employment:</b>		
	<b>Address:</b>	Street			
		City	State	Zip Code	Phone
	<b>Duties:</b>				
2.	<b>Employer:</b>				
	<b>Position:</b>		<b>Dates of Employment:</b>		
	<b>Address:</b>	Street			
		City	State	Zip Code	Phone
	<b>Duties:</b>				
3.	<b>Employer:</b>				
	<b>Position:</b>		<b>Dates of Employment:</b>		
	<b>Address:</b>	Street			
		City	State	Zip Code	Phone
	<b>Duties:</b>				



	What is Needed	Explanation
1.	Complete and submit to the Program the attached Health Care Provider History Form.	Under Section 10.3 of the Settlement Agreement, the Claims Administrator may require that a Settlement Class Member submit additional information as may be necessary and appropriate to audit a claim. We need a list of all health care providers seen by you in the last five years, so that we can verify your claim.
2.	Complete and submit to the Program the attached Employment History Form	Under Section 10.3 of the Settlement Agreement, the Claims Administrator may require that a Settlement Class Member submit additional information as may be necessary and appropriate to audit a claim. We need a list of all your employers in the last five years, so that we can verify your claim.

### III. HOW TO RESPOND TO THIS NOTICE

The sooner you get those materials to us, the sooner we can finish this Audit. We may determine that we need more information and records. If we do, we will send you a Follow-Up Notice to you for them. **Remember: If you unreasonably fail or refuse to send us the records and information we need from you, we will have to deny your claim under Audit Rule 11 without a right to appeal.**

You can use your online NFL Settlement Portal with us to upload materials in response to this Notice. If you do not use a Portal, send us your materials in one of these ways:

<b>By Mail:</b> (must be postmarked on or before the response date)	NFL Concussion Settlement Claims Administrator P.O. Box 25369 Richmond, VA 23260
<b>By Overnight Delivery:</b> (must be placed with the overnight carrier on or before the response date)	NFL Concussion Settlement c/o BrownGreer PLC 250 Rocketts Way Richmond, VA 23231
<b>By Hand Delivery:</b> (must be delivered on or before the response date)	NFL Concussion Settlement c/o BrownGreer PLC 250 Rocketts Way Richmond, VA 23231

If you would like to receive and submit forms like this one electronically online rather than on paper, go to [www.NFLConcussionSettlement.com/Login.aspx](http://www.NFLConcussionSettlement.com/Login.aspx), click the Create New User button and follow the instructions there to establish a secure online portal account with us, if you do not already have one.

### IV. HOW TO CONTACT US WITH QUESTIONS OR FOR HELP

If you are represented by a lawyer, consult with your lawyer if you have questions or need help. If you are unrepresented and have questions about this Notice, contact us at 1-855-887-3485 or send an email to [ClaimsAdministrator@NFLConcussionSettlement.com](mailto:ClaimsAdministrator@NFLConcussionSettlement.com). If you are a lawyer, call or email your designated Firm Contact for assistance. For more information about the Settlement Program, visit the official website at [www.NFLConcussionSettlement.com](http://www.NFLConcussionSettlement.com), where you can read or download the Rules Governing the Audit of Claims, Frequently Asked Questions about the Settlement, the complete Settlement Agreement and other helpful materials.





# CONCUSSION SETTLEMENT

IN RE: NATIONAL FOOTBALL LEAGUE PLAYERS' CONCUSSION INJURY LITIGATION  
No. 2:12-md-02323 (E.D. Pa.)

## HEALTH CARE PROVIDER HISTORY FORM

### I. RETIRED NFL FOOTBALL PLAYER INFORMATION

Settlement Program ID	900003916			
Player Name	First	M.I.	Last	Suffix

### II. HEALTH CARE PROVIDERS

Provide the following information for all health care providers seen by the Retired NFL Football Player in the last five years. If you need more space, attach supplemental pages.

1.	Name:				
	Specialty:				
	Address:	Street			
		City	State	Zip Code	Phone
2.	Name:				
	Specialty:				
	Address:	Street			
		City	State	Zip Code	Phone
3.	Name:				
	Specialty:				
	Address:	Street			
		City	State	Zip Code	Phone
4.	Name:				
	Specialty:				
	Address:	Street			
		City	State	Zip Code	Phone

5.	Name:				
	Specialty:				
	Address:	Street			
		City	State	Zip Code	Phone
6.	Name:				
	Specialty:				
	Address:	Street			
		City	State	Zip Code	Phone
7.	Name:				
	Specialty:				
	Address:	Street			
		City	State	Zip Code	Phone
8.	Name:				
	Specialty:				
	Address:	Street			
		City	State	Zip Code	Phone

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